



March 11, 2011

ID#: *123456789*

NAME
ADDRESS
CITY, STATE ZIP

Dear Subscriber:

Basic Health (BH) disenrolled you or your family member(s) from coverage effective 12:01 a.m. on March 1, 2011 because we were unable to verify the member(s) legally resides in the United States. You have until April 11, 2011 to appeal this decision.

Appeal Rights

If you believe the action taken on your account is wrong, we must receive your appeal within 30 days of the date of this letter. Send a written appeal to PO Box 42690, Olympia, WA 98504 with your name, BH ID number, mailing address, and daytime phone number. In your appeal, you must explain the decision you disagree with, why you disagree, what you want to change, and include any documents you have to support your request.

For more information, visit <http://basichealth.hca.wa.gov> or call 1-800-660-9840.

Sincerely,

Basic Health

HCA 21-320s (03/11) CORRECTION – Disenrollment Appeal

Washington State Health Care Authority
P.O. Box 42683 • Olympia, WA 98504-2683
1-800-660-9840 • FAX 360-923-2610 • TTY 360-923-2701 or Toll-free 1-888-923-5622 • www.basichealth.hca.wa.gov